## **Retail Food Inspection Report**

Floyd County Health Department Telephone (812) 948-4726

								D		
Establishment Name LEGACY PIZZA & BAKERY							Telephone Number	Date of Inspection	ID#	
Address						Est	812-725-0021	09/25/2020		
1001 VINCENNES ST, NEW ALBANY IN 47150						Ov	vn 502-609-6237	09/23/2020		
Owner							Purpose	Follow Up	Released	
MARCY L. DOERING							X Routine		09/25/2020	
Owner's Address 3401 WYNDSWEPT CT NEW ALBANY, IN 47150-							Follow-up Complaint			
Person in Charge MARCY DOERING							Pre-Operational			
							Temporary	Menu Type		
Responsible Person's Email							НАССР	1 <u>2 X</u> 3 _	4 5	
Certified Food Handler RICHARD DOERING							Other (list)	~ <u>~</u> ~ <u>~</u> ~ <u>~</u>		
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRAIVE COLUMN MARKED AS "R"										
Section #	С	NC	NC R Narrative To Be Corrected							
294									CORRECTED	
	was out of sanitizing solution.									
347		Χ		Observed no hand drying provisions at kitchen hand sink.  CORRECTED						
413		Χ		Observed backdoor to have 1/2" hole on bottom. 2 WEEKS						
413	X Observed grease trap and plumbing to ha						•			
	multiple gaps in flooring to undern						=			
431		X		Observed newly leased dining room to be undergoing cosmetic upgrade before opening to the public. Similarly the bakery area is being installed per previous discussons. Any areas in the original portion of the lease may only be worked on while restaurant is closed and kept segregated from any mess that may be caused by upgrade.						
Summary of Vio	ations			1 NC .		0				
-		241.	4. 1				T			
Received by (name and title printed):							Inspected by (name and title printed):			
MARCY DOERING							A.J. Ingram CHIEF FOOD SPECIALIST			
Received by (signature):							Inspected by (signature):			
cc:					cc:	1		cc:		